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PTO/SB/01 (12/97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	31919.3993
	First Named Inventor	Brett D. RITTER, et al.
	COMPLETE IF KNOWN	
	Application Number	09 / 786,239
	Filing Date	February 27, 2001
	Group Art Unit	To be assigned
	Examiner Name	To be assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FOOTWEAR SOLE AND ARCH STRAPPING SYSTEM

the specification of which

(Title of the Invention)



is attached hereto

OR



was filed on (MM/DD/YYYY)

09/03/1999

as United States Application Number or PCT International

Application Number

PCT/US99/02097

and was amended on (MM/DD/YYYY)

11/30/2000

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US99/20297	09/03/1999	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/01A attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact with the Patent and Trademark Office connected therewith: ☒ Customer Number 20322 → 

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	PATENT TRADEMARK OFFICE Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner information sheet PTO/SB/02C attached hereto.


Direct all correspondence to: ☐ Customer Number or Bar-Code Label OR ☒ Correspondence address below

Name	Deborah M. Chess					
Address	Snell & Wilmer, LLP					
Address	One Arizona Center, 400 East Van Buren					
City	Phoenix	State	AZ	ZIP	85004-2202	
Country	US	Telephone	602-382-6388		Fax	602-382-6070

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
<u>Brett D.</u>	<u>RITTER</u>

Inventor's Signature					Date	<u>3/7/01</u>	
Residence: City	<u>Santa Barbara</u>	State	<u>CA</u>	Country	<u>US</u>	Citizenship	<u>USA</u>
Post Office Address	<u>3737 Torino Drive</u> <u>CA</u>						
Post Office Address							
City	<u>S.Barbara</u>	State	<u>CA</u>	ZIP	<u>93105</u>	Country	<u>US</u>

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
a valid OMB control number.

PTO/SB/02A (12/97)

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Damon R.

BUTLER

Inventor's
Signature*Damon R. Butler*

Date

3-8-01

Residence: City

Portland

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OR

Country

US

Citizenship

UK.

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OR

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Portland

State

OR

ZIP

97213

Country

US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Barry Joseph

McGEOUGH

Inventor's
Signature

Date

Residence: City

Santa Barbara

State

CA

Country

US

Citizenship

Post Office Address

1793 Calle Poniente

Post Office Address

City

Santa Barbara

State

CA

ZIP

93101

Country

US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Edward J.

NORTON

Inventor's
Signature

Date

Residence: City

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State

MA

Country

US

Citizenship

Post Office Address

92 Middleton Road

Post Office Address

City

Boxford

State

MA

ZIP

01921

Country

US

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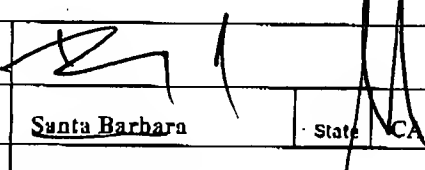
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Damon R.				BUTLER			
Inventor's Signature						Date	
Residence: City		Portland	State	OR	Country	US	Citizenship
Post Office Address		2024 N.E. 50th Avenue					
Post Office Address							
City		Portland	State	OR	ZIP	97213	Country US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Bary Joseph				McGEOUGH			
Inventor's Signature						Date	
Residence: City		Santa Barbara	State	CA	Country	US	Citizenship
Post Office Address		1793 Calle Poniente CH					
Post Office Address							
City		Santa Barbara	State	CA	ZIP	93101	Country US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Edward J.				NORTON			
Inventor's Signature						Date	
Residence: City		Boxford	State	MA	Country	US	Citizenship
Post Office Address		92 Middleton Road					
Post Office Address							
City		Boxford	State	MA	ZIP	01921	Country US

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Page 1 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Damon R.				BUTLER			
Inventor's Signature						Date	
Residence: City		Santa Barbara		State CA		Country US	
Post Office Address		803 Moreno Road					
Post Office Address							
City		Santa Barbara		State CA		ZIP 93103	
				Country US			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Barry Joseph				McGEOUGH			
Inventor's Signature						Date	
Residence: City		Santa Barbara		State CA		Country US	
Post Office Address		1240 East Cota					
Post Office Address							
City		Santa Barbara		State CA		ZIP 93103	
				Country US			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Edward J.				NORTON			
Inventor's Signature		<i>Edward Jm</i>				Date	
Residence: City		Boxford		State MA		Country US	
Post Office Address		92 Middleton Road MA					
Post Office Address							
City		Boxford		State MA		ZIP 01921	
				Country US			

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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>Zenon O.</u>				<u>SMOTRYCZ</u>			
Inventor's Signature	<u>Zenon O. Smotrycz</u>			3-15-01		Date	
Residence: City	<u>Reading</u>	State	<u>MA</u>	Country	<u>USA</u>	Citizenship	<u>USA</u>
Post Office Address	<u>51 Avalon Road MA</u>						
Post Office Address							
City	<u>Reading</u>	State	<u>MA</u>	ZIP	<u>01867</u>	Country	<u>US</u>
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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09786239-051701

Applicant(s): RITTER, Brett D., et al.

Atty. Docket No.: 31919.3993

Serial No.: 09/786,293

Filing Date: 27 FEB 01

Group Art Unit: to be assigned

Examiner: to be assigned

TITLE: FOOTWEAR SOLE AND ARCH
STRAPPING SYSTEM

POWER OF ATTORNEY


Mark Thatcher, an individual residing at 1245 Cochran Avenue, Flagstaff, Arizona 86001 US, certifies that to the best of his knowledge and belief, he is the assignee of the entire right, title, and interest in and to the above-captioned United States patent application and represents that he is authorized and empowered to sign in his capacity as assignee.

Mark Thatcher, the Assignee of the entire right, title, and interest in and to the above-captioned United States patent application and all inventions disclosed and claimed therein, hereby appoints as his attorneys to prosecute the above-captioned United States patent application and to transact all business in the United States Patent and Trademark Office connected therewith and with the resulting patent, individually and collectively:

Deborah M. Chess, Esq.
SNELL & WILMER L.L.P.
One Arizona Center
400 East Van Buren
Phoenix, Arizona 85004-0001
Tel. (602) 382-6000
Fax (602) 382-6070

and the registered attorneys associated with Snell & Wilmer's Customer Number 020322.

Please send all further correspondence to Snell & Wilmer L.L.P. at the above address.


Mark Thatcher

Date: 5/6/01

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) AND 1.27 (c)) - SMALL BUSINESS CONCERN**Docket No.
31919.3993

Serial No.

Filing Date

Feb. 27, 2001

Patent No.

Issue Date

Applicant/ **Mark THATCHER**
Patentee:Invention: **FOOTWEAR SOLE AND ARCH STRAPPING SYSTEM**

I hereby declare that I am:

- ☒ the owner of the small business concern identified below:
☐ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: Mark ThatcherADDRESS OF CONCERN: 1245 Cochran Avenue, Flagstaff, Arizona 86001 US

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the above identified invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed on the next page and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern or organization exists.
☐ each such person, concern or organization is listed below.

FULL NAME

ADDRESS

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

FULL NAME

ADDRESS

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

FULL NAME

ADDRESS

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

FULL NAME

ADDRESS

☐

Individual

☐

Small Business Concern

☐

Nonprofit Organization

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING:

Mark Thatcher

TITLE OF PERSON SIGNING

OTHER THAN OWNER:

Owner

ADDRESS OF PERSON SIGNING:

1245 Cochran AvenueFlagstaff, Arizona 86001US

SIGNATURE:



DATE:

2/26/08

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	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	February <u>27</u> , 2001
	Group Art Unit	
	Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FOOTWEAR SOLE AND ARCH STRAPPING SYSTEM

the specification of which (Title of the Invention)

☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 09/03/1999 as United States Application Number or PCT International

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US99/20297	09/03/1999	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transmit all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 20322

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label

OR ☒ Correspondence address below

Name	Deborah M. Chess				
Address	Snell & Wilmer, LLP				
Address	One Arizona Center, 400 East Van Buren				
City	Phoenix	State	AZ	ZIP	85004-2202
Country	US	Telephone	602-382-6388	Fax	602-382-6070

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))			Family Name or Surname		
Brett D.			RITTER		
Inventor's Signature					Date
Residence: City	Santa Barbara	State	CA	Country	US
Post Office Address	3737 Torino Drive				
Post Office Address					
City	S.Barbara	State	CA	ZIP	93105
				Country	US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (12/97)

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ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Damon R.				BUTLER			
Inventor's Signature						Date	
Residence: City	Portland	State	OR	Country	US	Citizenship	
Post Office Address	2024 N.E. 50th Avenue						
Post Office Address							
City	Portland	State	OR	ZIP	97213	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Barry Joseph				McGEOUGH			
Inventor's Signature						Date	
Residence: City	Santa Barbara	State	CA	Country	US	Citizenship	
Post Office Address	1793 Calle Poniente						
Post Office Address							
City	Santa Barbara	State	CA	ZIP	93101	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Edward J.				NORTON			
Inventor's Signature						Date	
Residence: City	Boxford	State	MA	Country	US	Citizenship	
Post Office Address	92 Middleton Road						
Post Office Address							
City	Boxford	State	MA	ZIP	01921	Country	US

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PTO/SB/02A (12/97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Zenon O.				SMOTRYCZ			
Inventor's Signature						Date	
Residence: City		Reading		State		MA	
				Country		US	
Post Office Address		51 Avalon Road					
Post Office Address							
City		Reading		State		MA	
				ZIP		01867	
				Country		US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			

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